

ITHACA CITY SCHOOL DISTRICT



BOARD OF EDUCATION BUSINESS OFFICE 400 Lake Street Ithaca, New York 14850

Substit	ute Te	eacher	's Report of Service	budget code:	budget code:			
The following is a true statement of my service in the Ithaca City School District during the week of								
DATE	AM	PM	SUBSTITUTED FOR	SCHOOL	ADMIN SIGNATURE	REASON FOR ABSENCE/ REASON FOR TRAINING		
	1			1				

NOTE TO SUBSTITUTE:							

This report is due at the ICSD Business	Office on Friday of pay week. Yo	ou will receive your payment on the following payroll pro	vided this sheet
has been received on time.			
(Employee Name – printed)	(ICSD ID#)	(Employee Signature)	